

**United States Bankruptcy Court**  
**District of New Mexico**

In re **Sawgrass Healthcare, LLC, a New Mexico  
Limited Liability Company**

Debtor

Case No. **14-12765**

Chapter **7**

**SUMMARY OF SCHEDULES - AMENDED**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	19,835.44		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		40,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	8		119,375.72	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		17			
Total Assets			19,835.44		
Total Liabilities				159,375.72	

**United States Bankruptcy Court**  
**District of New Mexico**

In re **Sawgrass Healthcare, LLC, a New Mexico  
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Debtor

Case No. 14-12765

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **Sawgrass Healthcare, LLC, a New Mexico  
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## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxx9333</b>  <b>A.R.M. Solutions</b> <b>PO Box 3666</b> <b>Camarillo, CA 93011-3666</b>		-	<b>07/2005</b> <b>Collecting on debt for Stericycle (medical supplier)</b>				<b>236.20</b>
Account No.  <b>Accent Fire Safety</b> <b>PO Box 16175</b> <b>Santa Fe, NM 87592-6175</b>		-	<b>06/2011</b> <b>Fire safety and smoke detector consulting</b>				<b>663.00</b>
Account No. <b>xxxx8030</b>  <b>Advanced Medical Company</b> <b>12335 Kingsride Lane, #130</b> <b>Houston, TX 77024</b>		-	<b>11/2011</b> <b>Medical supplies</b>				<b>622.87</b>
Account No.  <b>Arrow Senior Living Management, LLC</b> <b>3333 Rue Royale, Suite 9</b> <b>Saint Charles, MO 63301-8237</b>		-	<b>2010</b> <b>Management company services</b>				<b>76,056.62</b>
Subtotal (Total of this page)							<b>77,578.69</b>

7 continuation sheets attached

In re **Sawgrass Healthcare, LLC, a New Mexico  
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Case No. **14-12765**

Debtor

**AMENDED**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				<b>04/2011</b>				
<b>Carter Services, Inc.</b> <b>1431 Schofield Lane</b> <b>Farmington, NM 87401</b>			-	<b>Pest control</b>				<b>284.00</b>
Account No. <b>xxx-xxx-0546</b>				<b>04/2012</b>				
<b>Century Link</b> <b>PO Box 29040</b> <b>Phoenix, AZ 85038-9040</b>			-	<b>Phone and internet</b>				<b>501.76</b>
Account No. <b>xxx-xxx-0546</b>				<b>04/2012</b>				
<b>Century Link</b> <b>PO Box 29040</b> <b>Phoenix, AZ 85038-9040</b>			-	<b>Phone and internet</b>				<b>162.86</b>
Account No.				<b>10/2011</b>				
<b>Ciscor Acquisitions, LLC</b> <b>126 W. Main St.</b> <b>Norman, OK 73069</b>			-	<b>Medical device supplier</b>				<b>1,126.19</b>
Account No. <b>1025</b>				<b>09/2011</b>				
<b>Colored Stone Landscaping</b> <b>5055 Camila Rd., SE</b> <b>Deming, NM 88030</b>			-	<b>Landscape supply</b>				<b>64.52</b>
Sheet no. <b>1</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								<b>Subtotal</b> (Total of this page) <b>2,139.33</b>

In re **Sawgrass Healthcare, LLC, a New Mexico  
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**AMENDED**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>10/2011</b>				
<b>Deming-Luna County Chamber of Commerce PO Box 8 Deming, NM 88031</b>		-	<b>Business licensing</b>				<b>15.00</b>
Account No. <b>xx0849</b>			<b>03/2012</b>				
<b>Desert Tile 1410 Mountainair Deming, NM 88030</b>		-	<b>Landscape supply</b>				<b>834.63</b>
Account No. <b>x8901</b>			<b>01/2011</b>				
<b>Direct Supply PO Box 88201 Milwaukee, WI 53288</b>		-	<b>Office/medical/and operation supplier</b>				<b>3,487.07</b>
Account No.			<b>02/2011</b>				
<b>Elite Designs PO Box 13725 Arlington, TX 76094</b>		-	<b>Design consulting</b>				<b>189.50</b>
Account No. <b>xxx2637</b>			<b>11/2011</b>				
<b>Farmer Bros PO Box 934237 Atlanta, GA 31193</b>		-	<b>Coffee supplier</b>				<b>340.15</b>
Sheet no. <b>2</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>4,866.35</b>

In re **Sawgrass Healthcare, LLC, a New Mexico  
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**AMENDED**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
<b>Fire Safety Association, LLC 215 S. Compress Rd. Las Cruces, NM 88005</b>		-	<b>01/2012 Fire system consulting and servicing</b>				<b>145.21</b>
Account No. xxx-xx250-0							
<b>Golden Arches, Inc. Luke Salava, President 815 W. Adobe Dr. Deming, NM 88030</b>		-	<b>03/2012 Building lease payment</b>				<b>10,155.48</b>
Account No.							
<b>GovDocs 1400 Energy Park Dr., Suite 18 Saint Paul, MN 55108</b>		-	<b>01/2012 Document supplier</b>				<b>75.47</b>
Account No.							
<b>Green Light Electric 213 Navajo Rd. Las Cruces, NM 88007</b>		-	<b>03/2012 Electrical contractor</b>				<b>1,048.73</b>
Account No.							
<b>Jim's Electric 1400 E. Poplar St. Deming, NM 88030</b>		-	<b>07/2011 Electrical contractor</b>				<b>1,686.63</b>
Subtotal (Total of this page)							<b>13,111.52</b>

Sheet no. **3** of **7** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re **Sawgrass Healthcare, LLC, a New Mexico  
Limited Liability Company**

Case No. **14-12765**

Debtor

**AMENDED**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxx6-001</b>  <b>Joseph Karnes</b> <b>PO Box 2476</b> <b>Santa Fe, NM 87504</b>	-		<b>01/2012</b> <b>Legal Services</b>				<b>1,944.79</b>
Account No. <b>xxxxxxxx0546</b>  <b>Lester's Plumbing and Heating</b> <b>200 S. Diamond</b> <b>Deming, NM 88030</b>	-		<b>06/2011</b> <b>HVAC servicing</b>				<b>1,257.68</b>
Account No. <b>xx1067</b>  <b>M &amp; E Engineering</b> <b>1222 Luisa St., Suite B</b> <b>Santa Fe, NM 87505</b>	-		<b>05/2011</b> <b>Fire system engineer consultant</b>				<b>567.98</b>
Account No. <b>6311</b>  <b>Madson Construction Service</b> <b>17055 Solano Rd., SE</b> <b>Deming, NM 88030</b>	-		<b>03/2011</b> <b>Handy man services</b>				<b>678.38</b>
Account No. <b>xxx5170</b>  <b>Medline Industries, Inc.</b> <b>Dept. 1080</b> <b>PO Box 121080</b> <b>Dallas, TX 75312-1080</b>	-		<b>11/2010</b> <b>Medical supplier</b>				<b>401.59</b>
Sheet no. <b>4</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page) <b>4,850.42</b>

In re **Sawgrass Healthcare, LLC, a New Mexico  
Limited Liability Company**

Case No. **14-12765**

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**AMENDED**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxx2260</b>  <b>MMS - A Medical Supply Company</b> <b>13400 Lakefront Dr.</b> <b>Earth City, MO 63045</b>	-		<b>04/2012</b> <b>Medical supplier</b>				<b>490.57</b>
Account No. <b>xx6354</b>  <b>Office Max</b> <b>75 Remittance Dr., #2698</b> <b>Chicago, IL 60675</b>	-		<b>02/2012</b> <b>Office supplies supplier</b>				<b>34.53</b>
Account No.  <b>Omnicare</b> <b>PO Box 715268</b> <b>Columbus, OH 43271</b>	-		<b>02/2012</b> <b>Medication review supplier</b>				<b>1,004.18</b>
Account No.  <b>Pepper's Supermarket</b> <b>PO Box 191</b> <b>Deming, NM 88031</b>	-		<b>03-2012</b> <b>Food/drink supplier</b>				<b>3,066.67</b>
Account No. <b>xx-xxx4594</b>  <b>Proclean</b> <b>PO Box 8</b> <b>Tolleson, AZ 85353-0008</b>	-		<b>11/2011</b> <b>Dishwasher servicing and supplier</b>				<b>1,556.44</b>
Sheet no. <b>5</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							<b>6,152.39</b>



In re **Sawgrass Healthcare, LLC, a New Mexico  
Limited Liability Company**

Case No. **14-12765**

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**AMENDED**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xx-1779</b>  <b>RDA</b> <b>9445 Coors Blvd., NW</b> <b>Albuquerque, NM 87114</b>	-	-	<b>11/2011</b> <b>Kitchen design consulting</b>				<b>337.50</b>
Account No. <b>D-101-CV-2012-03441</b>  <b>Riley Tiger, c/o Dusti D. Harvey</b> <b>Harvey &amp; Foote Law Firm, LLC</b> <b>201 Broadway SE</b> <b>Albuquerque, NM 87102</b>	-	-	<b>Complaint for Negligence, Misrepresentation</b> <b>and Punitive Damages. See SOFA #4 for</b> <b>details.</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>Unknown</b>
Account No. <b>x5025</b>  <b>Shamrock Foods</b> <b>2540 N. 29th Avenue</b> <b>Phoenix, AZ 85009</b>	-	-	<b>01/2011</b> <b>Food/drink supplier</b>				<b>7,999.70</b>
Account No.  <b>Southwest Heating and Cooling</b> <b>PO Box 1737</b> <b>Deming, NM 88031</b>	-	-	<b>12/2011</b> <b>HVAC heating and A/C contractor</b>				<b>352.33</b>
Account No. <b>xxx9077</b>  <b>Stericycle</b> <b>4010 Commercial Ave.</b> <b>Northbrook, IL 60062</b>	-	-	<b>12/2011</b> <b>Medical supplier</b>				<b>75.35</b>
Sheet no. <b>6</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page) <b>8,764.88</b>

In re **Sawgrass Healthcare, LLC, a New Mexico  
Limited Liability Company**

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**AMENDED**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>09/2011</b>				
<b>Sure Printing</b> <b>300 W. Spruce St.</b> <b>Deming, NM 88030</b>		-	<b>Printing and paper services</b>				<b>108.77</b>
Account No.			<b>02/2012</b>				
<b>The Deming Headlight</b> <b>219 E. Maple</b> <b>Deming, NM 88030</b>		-	<b>Advertising</b>				<b>247.26</b>
Account No. <b>x3479</b>			<b>03/2012</b>				
<b>The Local Pages</b> <b>4910 W. Amelia Earhart Dr., Suite 1</b> <b>Salt Lake City, UT 84116</b>		-	<b>Advertising</b>				<b>227.78</b>
Account No. <b>xxx-xxxxxx6-001</b>			<b>04/2012</b>				
<b>Wells Fargo</b> <b>800 Walnut St.</b> <b>Des Moines, IA 50309</b>		-	<b>Banking fees and services</b>				<b>1,247.70</b>
Account No.			<b>01/2012</b>				
<b>Zane's Plumbing</b> <b>1400 Apache Hills Dr., NW</b> <b>Deming, NM 88030</b>		-	<b>Plumbing services</b>				<b>80.63</b>

Sheet no. **7** of **7** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) **1,912.14**

Total  
(Report on Summary of Schedules) **119,375.72**

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW MEXICO

In re

SAWGRASS HEALTHCARE, LLC,

Debtor.

No. 14-12765-j7

**UNSWORN DECLARATION UNDER PENALTY  
OF PERJURY FOR AMENDED SCHEDULES**

I declare under penalty of perjury that the information provided in the foregoing amended schedule listed here:

Amended Schedule F

is true and correct.

SAWGRASS HEALTHCARE, LLC

By:   
Steve Thomas, Managing Member

Date: 10/15/14

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**Federal Rule of Bankruptcy Procedure 1008**

**Verification of Petitions and Accompanying Papers** All petitions, lists, schedules, statements and amendments thereto shall be verified or contain an unsworn declaration as provided in 28 U.S.C. ' 1746.

**28 U.S.C. ' 1746**

**Unsworn declarations under penalty of perjury**

Wherever, under any law of the United States or under any rule, regulation, order, or requirement made pursuant to law, any matter is required or permitted to be supported, evidenced, established, or proved by the sworn declaration, verification, certificate, statement, oath, or affidavit, in writing of the person making the same (other than a deposition, or an oath of office, or an oath required to be taken before a specified official other than a notary public), such matter may, with like force and effect, be supported, evidenced, established, or proved by the unsworn declaration, certificate, verification, or statement, in writing of such person which is subscribed by him, as true under penalty of perjury, and dated, in substantially the following form:

(1) If executed without the United States: "I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on (date). (Signature)".

(2) If executed within the United States, its territories, possessions, or commonwealths: "I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. Executed on (date). (Signature)".

FAFORMS\Signature pages\unsworn declaration under penalty of perjury for amended schedules no caption.vpd